

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-022830

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

1793

STATE FILE NUMBER

FILED JUN 11 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>St Louis Co Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>CLAYTON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COUNTY HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>9132 SHELLEY</u>	
3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle <u>WILSON</u> Last <u>WILSON</u>		4. DATE OF DEATH Month <u>June</u> Day <u>4</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-1-1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	
11a. FATHER'S NAME <u>ABRAM GEYER</u>		11b. MOTHER'S MAIDEN NAME <u>unk</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of <u>NO</u>)		13. SOCIAL SECURITY NO. <u>LOREN WILSON</u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized arteriosclerosis</u> DUE TO (b) <u>Arteriosclerosis/Heart Disease</u> DUE TO (c) _____		15. NAME OF HUSBAND OR WIFE <u>9132 SHELLEY</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 19.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>6-3-1963</u> to <u>6-4-1963</u> and last saw her alive on <u>6-4-1963</u> . Death occurred at <u>1:35</u> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L.A. Jerneman M.D.</u>		22b. ADDRESS <u>6018 Brentwood Clayton St</u>	
22c. DATE SIGNED <u>6-5-63</u>		22d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>6/7/63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>NEW PICKER</u>		23d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	
24. FUNERAL DIRECTOR <u>J.L. ZIEGENHEIN</u>		25. DATE RECD. BY LOCAL REG. <u>6-5-63</u>	
26. ADDRESS <u>7027 GRAVOIS</u>		27. REGISTRAR'S SIGNATURE <u>John Murphy M.D.</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ronald Perry

Licensed Embalmer No. 4863

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.